

# Wisconsin Department of Regulation & Licensing

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## CHIROPRACTIC EXAMINING BOARD

### APPLICATION FOR CHIROPRACTIC LICENSURE BY ENDORSEMENT

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**PLEASE TYPE OR PRINT IN INK**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Former Name(s) - (If Applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_

(A Post Office Box is NOT Acceptable)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (days): (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Ethnic and gender status information is optional, and is for research and reporting to the Equal Employment Opportunity Commission.

**Race:** \_\_\_\_\_ (1) White, not of Hispanic origin      **Sex:** \_\_\_\_\_ M \_\_\_\_\_ F  
\_\_\_\_\_ (2) Black, not of Hispanic origin  
\_\_\_\_\_ (3) Hispanic  
\_\_\_\_\_ (4) American Indian or Alaskan  
\_\_\_\_\_ (5) Asian or Pacific Islander  
\_\_\_\_\_ (6) Other

Chiropractic School Name: \_\_\_\_\_

School Address: \_\_\_\_\_  
(City) (State)

Date Diploma Granted: \_\_\_\_\_  
month/day/year

Degree: \_\_\_\_\_ Specialty: \_\_\_\_\_

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**APPLICATION FEES** (Make check payable to Department of Regulation and Licensing and attach to application).**For Receipting Use Only**

\_\_\_\_\_ \$168.00 Endorsement Fee  
\_\_\_\_\_ \$ 57.00 State Law Exam  
**\$225.00 Total fee attached**

# Wisconsin Department of Regulation & Licensing

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## PRE-PROFESSIONAL COLLEGE EDUCATION

Institution	Location	Dates Attended	Degree(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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**PRACTICE:** Account for all activities and practice from date of graduation to the present time.

<u>LOCATION</u>	<u>DATES (from - to)</u> mo/yr	<u># OF HOURS</u> <u>PER WEEK</u>	<u>DUTIES</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

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## EXAMINATION REQUIREMENTS

### NATIONAL BOARD OF CHIROPRACTIC EXAMINERS

Part I

☐ YES ☐ NO

Part II

☐ YES ☐ NO

Part III

☐ YES ☐ NO

Part IV

☐ YES ☐ NO

SPECIAL PURPOSE EXAMINATION IN CHIROPRACTIC (SPEC)

☐ YES ☐ NO

CLINICAL PRACTICE LICENSING EXAMINATION IN A STATE IN WHICH YOU ARE LICENSED

☐ YES ☐ NO

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## ARE YOU LICENSED/CERTIFIED IN ANY HEALTH PROFESSION OTHER THAN CHIROPRACTIC?

☐ YES ☐ NO If yes, please list:

State	License (profession)	License Number	Date Issued
_____	_____	_____	_____
_____	_____	_____	_____

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## LIST STATE(S) IN WHICH YOU ARE LICENSED AS A CHIROPRACTOR.

State	License Number	Date Issued
_____	_____	_____
_____	_____	_____
_____	_____	_____

**YOU ARE REQUIRED TO HAVE EACH STATE BOARD IN WHICH YOU HAVE EVER BEEN CREDENTIALLED SUBMIT LETTERS OF VERIFICATION TO THE WISCONSIN CHIROPRACTIC EXAMINING BOARD. THE LETTERS MUST INDICATE YOUR DATE OF BIRTH, CREDENTIAL NUMBER, DATE OF ISSUANCE, AND A STATEMENT REGARDING DISCIPLINARY ACTIONS. THESE LETTERS WILL BE REQUIRED IN ORDER TO COMPLETE YOUR APPLICATION FOR LICENSURE.**

# Wisconsin Department of Regulation & Licensing

## ANSWER THE FOLLOWING QUESTIONS: (Attach additional sheets if necessary)

	<u>YES</u>	<u>NO</u>
1. Have you ever surrendered, resigned, canceled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever failed to pass any state board examination, national board, or SPEC examination? If yes, give details on an attached sheet.	<input type="checkbox"/>	<input type="checkbox"/>
3. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation, revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/>	<input type="checkbox"/>
4. Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have any felony or misdemeanor charges pending against you? If yes, attach a sheet providing details about the pending charge, copy of the court documents and status of the charge. (Please do not give details on minor traffic charges, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.)	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been convicted of a misdemeanor or a felony? If yes, attach a sheet providing details about the crime, including date of conviction, penalty and a copy of the court documents. (Please do not give details on minor traffic convictions, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.)	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you incarcerated, on probation or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	<input type="checkbox"/>	<input type="checkbox"/>
8. Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition.	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under.	<input type="checkbox"/>	<input type="checkbox"/>

# Wisconsin Department of Regulation & Licensing

For the purposes of these questions, the following phrases or words have the following meanings:

"Ability to practice chiropractic" is to be construed to include all of the following:

1. The cognitive capacity to make appropriate clinical diagnoses and exercise reasoned chiropractic judgments and to learn and keep abreast of chiropractic developments; and
2. The ability to communicate those judgments and chiropractic information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform chiropractic tasks such as physical examination, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

"Chemical substances" is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or **within the past two years.**

"Illegal use of controlled dangerous substances" means the use of controlled dangerous substances obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

	<u>YES</u>	<u>NO</u>
10. Do you have a medical condition which in any way impairs or limits your ability to practice chiropractic with reasonable skill and safety? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
11. Does your use of chemical substance(s) in any way impair or limit your ability to practice chiropractic with reasonable skill and safety? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
12. Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
13. Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>
15. Are you currently engaged in the illegal use of controlled dangerous substances?	<input type="checkbox"/>	<input type="checkbox"/>
16. If yes, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? If yes, please explain.	<input type="checkbox"/>	<input type="checkbox"/>

# Wisconsin Department of Regulation & Licensing

## AFFIDAVIT OF APPLICANT

I hereby authorize educational institutions, employers (past and present); business and professional associates (past and present) and all government agencies and instrumentalities (local, state, federal or foreign) to release to the Wisconsin Chiropractic Examining Board any information, files or records requested by the Board in connection with the processing of my application.

I, the above-named applicant, state that I am the person referred to in this application and that all the statements herein contained are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential or other disciplinary action. I also understand that if I am issued a credential, failure to comply with the laws or rules of either the Chiropractic Examining Board or the Department of Regulation and Licensing will be cause for disciplinary action.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of

\_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

**SEAL**

\_\_\_\_\_  
State

My Commission Expires: \_\_\_\_\_

**NOTE: This affidavit must be signed by the applicant in the presence of the notary public on the same date.**